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ABSTRACT

This paper discusses problems encountered by researchers in applying the guidelines of Finkelhor (1986) for the selection of research instruments for gathering data on the effects of child sexual abuse. Discussion focuses on measures of effects of the abuse experience, measures of post-abuse experiences, and of mediating variables. The data gathering effort described is based on a multiple-measurement strategy which elicits information from parents, therapists, and abused children. In addition to the Achenbach Child Behavior Checklist, measures of effects include a Therapist Checklist that elicits descriptions of specific types of behavior characteristic of victimized children, a series of projective drawing tasks, the State-Trait Anxiety Inventory for Children, and a measure of potential effects on the victim's family. To avoid retraumatization of the children, measures of the abuse experience rely on archival sources of data. Measures of post-abuse experiences include examination of case records of three investigating agencies, transcripts of preliminary hearings and criminal trials, therapists' case notes, and other records, as well as extensive interviews with parents. Measures of mediating variables include the Family Adaptability and Cohesion Evaluation Scales and the Family Crisis Oriented Personal Scales. It is concluded that the strategy has yielded much information that should be of use in responding to and preventing sexual abuse in day care settings. (RH)

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MEASUREMENT ISSUES IN CHILD SEXUAL ABUSE

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MEASUREMENT ISSUES IN CHILD SEXUAL ABUSE

Deborah Bybee, Ph.D.

Research on sensitive, controversial topics is not easy. My colleagues have described some of the difficulties we have encountered in our study of the effects of sexual abuse in a day care center. Legal and public attention to the case have complicated access to various subject populations and information sources; delays due to litigation have put us behind in our data collection schedule and have necessitated modifications of our original design; inability to locate or access some pieces of information has required that we drop several of our initial research questions from consideration.

Measurement issues, too, have presented challenges in this endeavor. Some of the difficulties we have encountered in this area are common to research on child sexual abuse in general. David Finkelhor (1986) has delineated many of these problems and has offered suggestions for dealing with them. Some of our problems, however, have been peculiar to our study of a large-scale day care case with ongoing litigation and community controversy. I would like to present some of the measurement issuers we have faced, both those inherent in any assessment of the effects of child sexual abuse and those resulting from features of our particular setting. I will describe the measurement choices we have made, the trade-offs involved, and the problems remaining.

Measures of Effects

In any study of the effects of child sexual abuse, a major concern is the

choice of outcome measures. How does one assess the type and magnitude of effects attributable to victimization? A number of considerations are important here. One needs instruments that are reliable but sensitive to changes in functioning over time. One looks for valid indicators that are not subject to expectation biases or response sets and instruments that are developmentally appropriate to the population. One also needs measures that are sensitive to a wide range of potential effects. Theory and research in this area are not yet able to provide an exhaustive list of the developmental domains which may be affected by experiences of sexual abuse. Knowledge of potential effects is even more limited in situations of long-term out-of-home victimization. Finally, one needs assessment strategies that are palatable to child victims and their families. Avoidance of further trauma to subjects must be an important consideration in developing measurement techniques.

We have attended to these concerns in our choice of outcome measures. To enhance the sensitivity of our assessments to a wide range of potential effects, we are following a multiple-measurement strategy, gathering information from parents, therapists, and the children themselves. From parents, we are obtaining information about children's overt behaviors. Parents are critical informants about their young children's behavioral patterns, particularly those which occur at home and within the family, such as bedwetting, nightmares, and sexual acting out with siblings. Parents are also in the best position to observe behaviors which may be highly problematic but which occur only infrequently, such as a violent reaction to a particular place or person. However, their reports may be subject to expectation and other biases: For example, knowing that their children have been victimized, parents may focus on the problematic behaviors that they expect their children to display while ignoring the positive behaviors that their children exhibit.

As a partial check on the magnitude of this problem, we are soliciting reports from both parents where possible.

To elicit parents' reports of their children's behavior, we are using the Achenbach Child Behavior Checklist (Achenbach & Edelbrock, 1983). This instrument addresses a broad range of problematic behaviors, is simple to administer, and puts relatively few demands on the parent-respondent in terms of reading level or knowledge of child development. It has high test-retest reliability over short intervals of time but appears to be sensitive to longer-term change in clinical samples of children in treatment. Evidence of its criterion and construct validity has been provided in a number of studies of clinical and nonclinical samples. Several opportunities for comparison of results on the Achenbach also exist: it has available national norms for children similar in age and sex to those in our sample, and it is currently being used in a number of other studies of sexually abused children.

The Achenbach is not a perfect measure to detect effects attributable to child sexual abuse. It may miss some of the behaviors considered rare in the population at large which are nevertheless fairly common among sexually victimized children. For example, several critics have noted that it contains relatively few items addressing sexual behaviors, and that it includes no items about the explicit sexual acting out that is being reported in sexually abused children. We have followed two strategies to overcome this deficiency. First, we are analyzing the content of parents' responses to the open-ended questions about particular types of behaviors. Although these items are not included in the published norms, we will be able to compare responses with results of our local comparison sample.

Second, in line with our multiple measurement plan, we have developed a

supplementary measure of child behavioral problems to be completed by each child's therapist. The Therapist Checklist was designed to elicit descriptions of specific types of behavior which have been reported in victimized children. Included are questions about sexual aggression, ritual play, and other problems likely to come to the therapist's attention.

In addition to using measures completed by parents and therapists, we are administering two instruments directly to the victimized children. The first of these, the State-Trait Anxiety Inventory for Children (Spielberger, 1973) is one of few verbal measures of psychological well-being which is designed for young children. We have attempted to administer it in interview format so that children not yet reading could respond. In retrospect, even this measure, described as applicable to elementary school-aged children proved too difficult for many of our sample. The validity of the data we have gathered with it is questionable.

The other measure of effects which we are administering directly to children is a series of projective drawing tasks. This series, developed by Ann Burgess (Burgess, McCausland, and Wolbert, 1981), combines features of the House-Tree-Person and the Kinetic Family Drawing and embeds a drawing of the sexual abuse incident. Children are asked to draw the following things: 1) their favorite weather; 2) themselves now; 3) themselves when they were younger; 4) their whole family, including themselves, doing something; 5) what happened to them at the day care center (or with the assailant); 6) a house and a tree; and 7) their favorite thing. This assessment device is appealing for a number of reasons. First, it is administerable to young children who are not verbally fluent. Second, drawings may be less threatening or tedious to children than direct questions and may thus reveal information unavailable

through other methods. Third, drawings may reveal dimensions of psychological functioning which are made inaccessible to deliberate questioning by defense mechanisms other protective processes.

Drawings have become very popular in clinical assessment of sexually abused children, and the art of their interpretation has drawn much attention. Unfortunately, little is known about the reliability and validity of drawing assessment with this population. We hope to be able to contribute to knowledge in this area. We are using standardized procedures in administering the measure, to limit biases due to therapist's cues or encouragement. We are also developing a method of objective scoring which is being used by naive raters blind to the abuse experience of the children. We are assessing the interrater reliability of our scoring method, and we hope to be able to evaluate evidence of its construct validity through correlation with other measures and criterion validity through use of our comparison sample.

The use of four measures of effects on child-victims--the Achenbach Child Behavior Checklist completed by parents, the Therapist Checklist for Child Victims, the State-Trait Anxiety Inventory for Children, and the Child Projective Drawing Series--is the result of numerous compromises in consideration of the issues raised earlier. We sought to use as broad a range of measures as possible within the constraints of limited time and resources. Systematic observations of child behavior and complex assessments of children's cognitive functioning were rejected as too demanding of parents', children's and therapists' time. Behavioral ratings completed by children's teachers or others were rejected out of a desire that

victimized children not be labelled and further stigmatized. Other measures, of constructs such as Locus of Control or sexual knowledge, were rejected because they were not appropriate to the entire range of ages represented in our sample.

In addition to the above measures of effects on children, we have included in our assessment strategy a measure of potential effects on the child-victim's family. That the sexual victimization of a child might have radiating effects that would be revealed in family disruption seems a very sensible notion, but it is one that has received very little research attention. To assess this possibility, we have adapted the Family Inventory of Life Events and Changes (McCubbin, Patterson, and Wilson, 1985) to include a variety of changes in family life which could be attributable to a child-member's sexual victimization. Included are items such as "parents separated," "change in amount of outside activities in which children are involved," "increase in family member's use of alcohol." We should be able to evaluate the extent to which changes such as these differ significantly between the families of victimized children and those of children in our comparison sample.

Measures of the Abuse Experience

In studies of the effects of child sexual abuse, measures of the dependent variable--the effects--have received far more attention than have measures of the independent variable--the nature of the abuse experience. Often, only gross distinctions are made between abuse committed by family members or others; between abuse involving penetration or fondling; between abuse occurring once or many times. At times, even these descriptions are omitted, leaving open the question of what experience the demonstrated effects

are to be linked to.

David Finkelhor (1986) has listed this lack of detail about the nature of the abuse as a serious gap in the existing knowledge base. His call for inclusion of specific information about children's experiences poses several dilemmas for researchers. What source of data should be used? Generally, only two parties have the information desired--the child victim and the perpetrator. The perpetrator has an obvious stake in nondisclosure. The child is thus the most likely source of this description. Gathering this information directly from young children is problematic for several reasons. First, a young child may not be able to provide adequate detail within the structure of a research interview. As sexual abuse investigators will confirm, it is often necessary to spend a great deal of time gaining the trust of a child-victim before he or she will discuss details of an abuse experience. Often, information is revealed over time, little by little, as a child feels ready to discuss particular aspects of a frightening experience. Frequently, a child uses non-verbal means to disclose details--dolls, drawings, play interactions, etc. If considerable time has elapsed between the abuse and the research, a child may not be able to recall specific details about the experience. Additionally, and perhaps most importantly, attempting to gather such information from the child victim may re-traumatize him or her, exacerbating the "second wound" already inflicted by contact with the criminal justice system. Given the uncertain quality of the information that may be gathered, there seems little justification for requiring that children recount details of their victimization simply for research purposes.

In our own situation, we decided that the risks of retraumatization outweighed any potential benefits of interviewing children about their

victimization. We chose to rely on archival sources of data for descriptions of the nature of the abuse experienced by individual children. During the course of the investigation of the day care sexual abuse case, each of approximately 130 children was interviewed at least once; many were interviewed several times by different professionals. Included in the archival records of these interviews are fairly extensive descriptions of the children's reports of their experiences at the day care center. From these records, we are gathering information about the specific nature of the sexual acts that individual children reported having experienced; the locations of these acts; the individuals present and those participating in the sexual acts; the types of threats, coercion, or inducements used to engage them in the abuse and prevent them from disclosing it; and other details surrounding the victimization.

Reliance on these archival data sources for descriptions of the abuse is not without problem. Records are in narrative format and require extensive, time-consuming extraction and coding for research use. Access to the records was not easy to obtain, as has been described by my colleagues. Moreover, as in any data collected for purposes other than research, the reliability and validity of this information is unknown. The actual content of the records--notes written by professionals after having interviewed a child allegedly sexually abused--is removed by several steps from the direct source of the information. However, the professionals involved--State Police officers, Protective Services workers, and sexual assault counselors--were all trained in the techniques of investigative interviewing and presumably had incentive to maintain accurate, complete records for prosecutorial purposes.

Measures of Post-Abuse Experiences

Another set of variables which has received relatively little research attention is the nature of the child-victim's post-abuse experiences. The manner in which a disclosure of abuse is handled by family, agency, and community may be powerful intervening variables which can determine the extent to which sexual abuse may affect a child's developmental response. Finkelhor (1986), noting this, has called for increased efforts to assess the nature of reactions to the child's victimization.

We are using two methods to measure these variables. One method is archival. We are examining the case records of three investigating agencies--State Police, Protective Services, and Community Mental Health--to document features of contacts with each child and family. Among the variables being measured are 1) number of contacts with each agency; 2)timing of contacts; 3) participation of family members in these contacts; 4) types of investigatory activities; 5) manner in which the family was contacted by the investigating agencies; 6) noted response of child and family members to the investigatory contacts. Additionally, for children involved in court proceedings, transcripts of preliminary hearings and the criminal trial are being examined for similar information. These archival records, while a rich source of data about children's involvement in the investigatory process, are subject to the same limitations and reservations that were discussed above.

Archival records are also providing data about a special type of post-abuse experience--therapy designed to ameliorate the negative effects of victimization. For approximately 50 children who have been in treatment at the county Community Mental Health Center, case notes and other therapy

records are available. These records will be the source of data about the frequency, duration, and timing of therapy sessions; activities engaged in as part of therapy; involvement of parents and other family members in therapy; and issues and problems constituting the focus of therapeutic intervention.

Extensive interviews with parents of victimized children are providing another source of information about post-abuse experiences. These interviews elicit a chronological review of contacts which family members had with agency personnel, other professionals, and other types of support sources. A calendar with major events relevant to the abuse investigation as well as holidays and other time markers is being used as an aid to recall of these contacts. Additionally, parents are being asked to describe the process by which they discovered that their child had been abused, and to respond to a variety of questions about family reactions to the discovery.

The parent interviews are rich sources of information about family post-disclosure experiences. They promise to provide valuable information about this process that has not been reported elsewhere. However, they are very time-consuming: Some are requiring eight hours for completion. This information is proving to be very expensive in terms of the resources required for staff to gather it and the commitment demanded of parents to provide it.

Measures of Mediating Variables

Finkelhor (1986) has pointed out a final group of variables which has not received adequate attention--potential mediators of negative effects of sexual victimization. This group includes factors such as family coping strategies and support networks--features which may serve to strengthen a child's

resistance to the damaging effects of traumatizing experiences such as sexual abuse. Two measures which are being completed by parents address these variables. The first, the Family Adaptability and Cohesion Evaluation Scales (FACES; Olson,1985) provides an assessment of family type within Olson's Circumplex Model. It also yields a measure of parental satisfaction with family functioning through use of a perceived-ideal deviation.

The FACES includes Likert-style items such as "How often do rules change in your family," and "To what extent do family members like to spend free time with each other." The instrument yields 2 orthogonal scales: a Family Adaptability Scale and a Family Cohesion Scale.

The second measure of mediating variables is the Family Crisis Oriented Personal Scales (F-COPES) (McCubbin, Larson and Olson, 1985), a measure of family problem-solving strategies. The F-COPES includes Likert-style items assessing the extent to which the family uses various tactics--(such as "sharing difficulties with relatives" or "accepting stressful events as a fact of life")-when faced with problems or difficulties.

Both the FACES and the F-COPES are short and easy to administer, their scales show adequate internal consistency, and they have good test-retest reliability, indicating that they measure fairly stable constructs. The FACES, in particular, has been fairly widely used, and some evidence of construct validity has accumulated.

While these measures do not address all the family variables that may mediate a child's reaction to abuse, they do provide a start in addressing these factors.

Summary

In our research on the effects of out-of-home child sexual abuse, we are trying to measure four classes of variables:

1. Outcome measures of effects on child and family that may be attributable to victimization. These measures include child behavioral ratings completed by parents and therapists, child projective drawings, and indices of family life events and changes.
2. Measures of the various features of the victimizing experience, using archival records of earlier child interviews done by investigators.
3. Measures of post-abuse experiences, coming from archival case records of agencies conducting the investigation and from case notes of therapists providing treatment. Additional information is being obtained through interviews with parents.
4. Measures of potential family mediators of effects, from standardized instruments addressing family adaptability and cohesion as well as family coping style.

In developing our measurement strategies, we have heeded many of David Finkelhor's recommendations to use multiple methods of assessment of effects, to gather detailed information about the nature of the victimization experience, and to document post-abuse experiences with family, with investigating and helping agencies, and with the community at large.

Implementation of some of Finkelhor's recommendations has proved to be difficult in our case of large-scale, out-of-home sexual abuse. In a daycare setting, victims are, by definition, very young and vulnerable. Their ability

to provide verbal information is limited, and collection of data from them is expensive. These factors force an increased reliance on other sources of information about the child's post-abuse behavior, the child's victimization, and the child's post-disclosure experiences. Data sources such as parents, therapists, and archival agency records have well-known problems of reliability and validity. In addition, in the context of a highly publicized and controversial legal case, there are problems of access. As my colleagues have described, agencies involved in litigation have been reluctant to grant access to records. Many parents were unwilling to participate in the research until their civil suits had been resolved. Among many parents, having spent months focusing on the investigation and the trial, there is a desire to "put the experience behind them" and get on with their lives.

All of these factors have complicated the process of learning about this incident of out-of-home child sexual abuse and its effects on the children and families involved. We have been persistent, however, and our efforts are yielding much information that should be of use in responding to and preventing sexual abuse in day care settings.

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